

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002642

STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 17

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Hale</u> Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>45 Days</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route #1</u> Reside on Farm: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Susan's Nursing Home</u>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Diedrich</u> Last <u>Spatz</u>		4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10 June 90 71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Stock</u>	
11. BIRTHPLACE (City and state or country) <u>Walton, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lehnhard Spatz</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kathrina Thierolf</u>	
14. NAME OF HUSBAND OR WIFE <u>Wilhelmine K. Spatz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. INFORMANT <u>Herbert Spatz, Cameron, Missouri</u>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Emphysema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prostatitis with urinary retention</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:15</u> a.m. <u>A</u> Month, Day, Year <u>11-30-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Chillicothe, Mo</u>		
21. I attended the deceased from <u>11-30-61</u> to <u>Jan 25-62</u> and last saw him alive on <u>Jan 15-62</u> Death occurred at <u>3:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph F. Gale</u> (Degree or title) <u>med.</u>		22b. ADDRESS <u>Chillicothe, Mo</u>	
22c. DATE SIGNED <u>1-26-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>27 Jan 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resthaven Memorial Gardens, Chillicothe, Missouri</u>	
23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>		24. FUNERAL DIRECTOR <u>Norman Funeral Home, Chillicothe, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>Jan 26, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>	

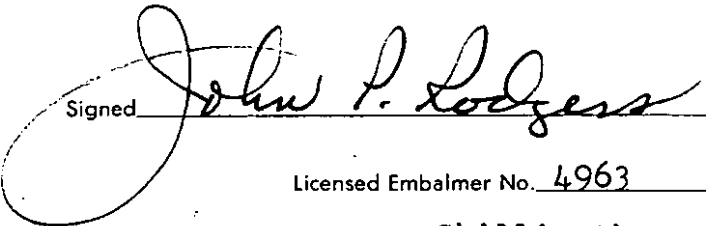
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

 _____

Licensed Embalmer No. 4963

P. O. Address Chillicothe, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.